

IAS Educational Fund and Doctors with Africa CUAMM Mozambique symposium

21-22 September 2021

Science, community engagement and youth for an integrated HIV response in Mozambique

Meeting report

This report was developed in collaboration with Doctors with Africa CUAMM. The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

Mozambique, a south-eastern African nation of almost 30 million people (Census 2017), has one of the highest HIV prevalence rates in the world.

Like many African countries, Mozambique has a young population: the median age is 17.6 years. HIV prevalence is estimated at 6.9% among people aged 15-24 years and higher among women (9.8%) and people aged 23-24 years (14.9%) (IMASIDA, 2015).

IAS – the International AIDS Society – organized a two-day virtual conference in collaboration with Doctors with Africa CUAMM to discuss the HIV response in emergency settings. The symposium was held on 21-22 September 2021 with the theme, *Science, community engagement and youth for an integrated HIV response in Mozambique*. Participants included representatives from the scientific community, the government, healthcare providers, civil society partners, activists and people living with HIV.

Speakers included Mozambican health authorities and representatives of local associations, non-governmental organizations (NGOs) and research institutes. They assessed key national priorities required to make progress towards reducing HIV transmission and improving HIV treatment outcomes in the country, with a focus on the role of communities and young people.

The symposium was divided into four sessions focused on:

- **Research and data collection**, chaired by Tacilta Nhampossa (Manhiça Health Research Center, Mozambique)
- **Engagement of adolescents and youths**, chaired by Monica Negrete (ICAP, Mozambique)
- **Prevention of vertical transmission and stigma against women**, chaired by Marilena Urso (Center for Disease Control and Prevention, Mozambique)
- **Activism and resilience**, chaired by Anton Pozniak (IAS Immediate Past President)

These topics were analysed from multiple perspectives, giving the audience a complete framework on progress and highlighting future challenges.

The priority areas of intervention identified were:

- Strengthening of the healthcare system by involving adolescents and young people in policy creation and implementation with the aim of building a more resilient community
- Integration of mental health support into HIV care
- Cooperation between civil society and institutions
- Investment in data collection systems to develop national prevention of HIV and control guidelines

The full programme of the meeting can be found [here](#), and the recordings can be accessed [here](#).

Key conclusions

➤ Data, M&E and research in Mozambique

Mozambique is among the countries most severely affected by the HIV epidemic. However, broader access to antiretroviral therapy (ART) is seeing figures fall. According to UNAIDS, there has been a 33% reduction in new HIV infections and a 42% reduction in AIDS-related deaths in Mozambique since 2010.

Research plays a pivotal role in the HIV response: its contribution is paramount in terms of knowledge, treatment and prevention of HIV. Information collected periodically at national and provincial levels, as well as from individual clients, provides a better understanding of the operational framework. However, planning and implementing research projects is challenging in a context of constrained resources, as is the case in Mozambique. To carry out efficient research in emergency contexts, it is important to address community needs by optimizing tools and resources available.

Engagement of local authorities and partners, arrangement of facilities and equipment, civil society participation and sharing of results are key for results-driven research. The shortage of a reliable data collection system, lack of local researchers and competing access to international funds represent obstacles in the development of community-based HIV research. In addition, the COVID-19 pandemic has had an enormous impact on field research: some studies have been postponed or cancelled and others have required brand-new methodology.

Despite these difficulties, data collection remains an indispensable tool in the development of national prevention and control guidelines. Studies in the past two years among adolescents and young people have highlighted the importance of advocacy and education alongside the integration of mental health and HIV services to champion primary prevention of HIV.

➤ Engaging adolescents and young people as primary actors in the HIV response

Engagement of young people was a dominant theme across the meeting's sessions. Young Mozambicans must play a role in the HIV response to strengthen the health system and build a more resilient community. To end the HIV epidemic, interventions are required at all stages of care: prevention, diagnosis and treatment of HIV.

To champion primary prevention of HIV, strong leadership and enabling policies must support advocacy for prevention. In this way, peer-to-peer engagement and community-based interventions can be powerful tools to establish efficient communication with young people. The scarcity of reliable references and the absence of family support contribute to the lack of knowledge within the community and also foster taboos and myths; these must be debunked by following the science and implementing evidence-based interventions. Education on reproductive health and access to contraceptives must be addressed at the national level, and efforts here should include mass communication to disperse information to a large number of people, especially young people.

Regarding HIV diagnosis, adolescents and young people must receive their diagnosis in a safe environment. Inclusion in support groups can help people affected by HIV discuss their status with their peers and facilitate the exchange of knowledge. Moreover, the integration of mental healthcare and HIV care for people living with HIV is particularly useful, especially for adolescents, as mental health and HIV are both stigmatized and can occur concurrently.

Adolescents abandon treatment quite frequently for a variety of cultural, social and educational reasons. Tailored programmes must be implemented to find adolescents living with HIV who default on treatment and to ensure adherence to ART. However, due to extremely limited resources, the support of international partners remains crucial for the implementation of these services, with the overarching goal of reaching the UNAIDS 95-95-95 targets.



➤ **The way forward: Preventing vertical transmission and stigma against women**

Despite a concentrated response to HIV over the past decade, the epidemic remains a public health threat, with significant morbidity and mortality rates at the global level. In Mozambique, HIV disproportionately affects women of reproductive age. Prevention of vertical transmission has been one of the key interventions of the Mozambican Government; it was adopted in 2004. Currently, the National Strategic Plan aims to reduce the infection rate of vertical transmission to less than 5% by offering prenatal counselling on HIV and HIV testing to pregnant women, encouraging access to ART, offering early counselling to children and adolescents who experienced in utero or breastfeeding exposure to HIV, and providing adequate treatment to newborns.

The national plan has contributed concretely to the reduction of vertical transmission. However, the rate of paediatric infection is still high (130'000 children were living with HIV in Mozambique in 2020 according to the World Bank). The inability to provide women living with HIV with follow up during pregnancy and breastfeeding, together with defaulting on treatment, are the main causes detected. Stronger adherence to ART can be facilitated by referring young pregnant women to the Youth Counselling and Support Services (Serviços de Aconselhamento e Acompanhamento dos Jovens - SAAJ), running community awareness campaigns, and making home visits to people living with HIV. Unfortunately, geographical factors, as well as social habits, affect these interventions and endanger the success of treatment. Among populations affected by HIV, infants are rarely tested at birth, women are often not allowed to decide for themselves, and access to healthcare is often impaired. In addition, a low level of education and lack of awareness of HIV status is also associated with more vulnerability to acquiring HIV.

To address ART abandonment among women and prevent vertical transmission, new interventions have been implemented at the community level and within health facilities, where local associations have invested in peer-to-peer programmes training young people living with HIV and women on sexual and reproductive health. Engagement should also be extended to people largely neglected in engagement strategies, such as men, community leaders and religious and traditional leaders to garner their support, facilitate disclosure procedures and support prevention efforts.

➤ **HIV activism and resilience: Lessons learned from disasters and outbreaks**

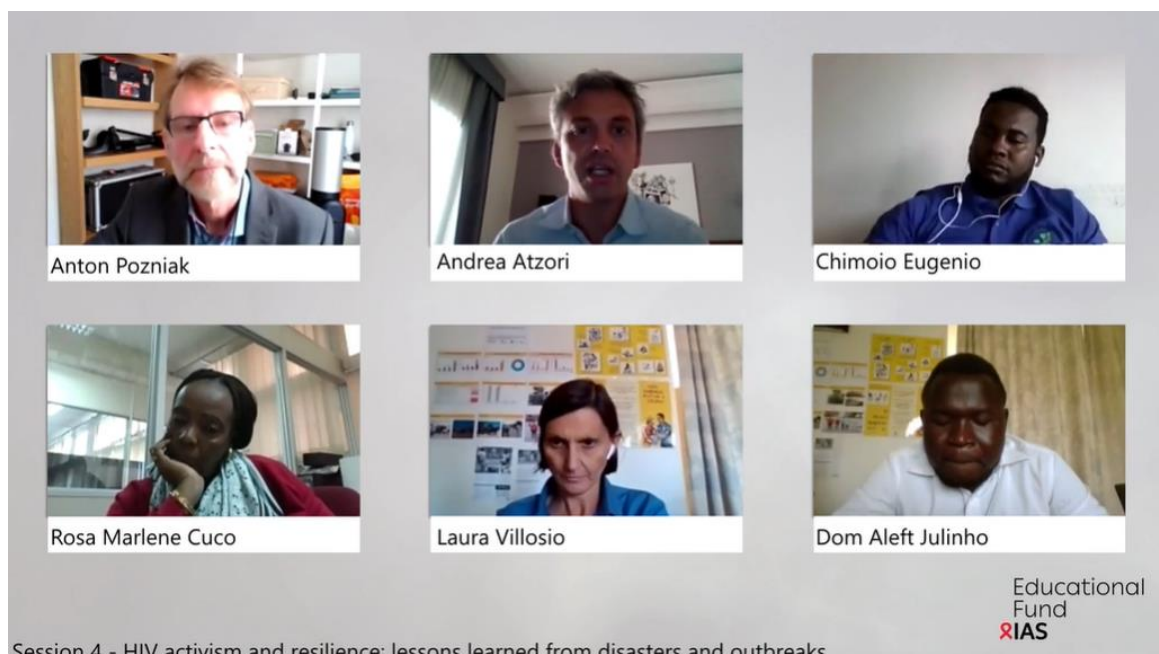
Recent events in Mozambique have shown the vulnerability of the country, where limited resources have impaired an efficient response to these emergencies. In the past two years, Mozambique has had to deal with the consequences of both a natural disaster (Cyclone Idai) and a conflict in Cabo Delgado Province, as well as the COVID-19 pandemic. The symposium addressed community resilience as a valuable tool in providing an efficient response to humanitarian emergencies.

On 14 March 2019, Cyclone Idai devastated Beira, the second-largest city in Mozambique. The international response was immediate, but getting aid to people was a challenge due to the lack of resources and damage to infrastructure. Engaging local associations and activists in training and educational programmes facilitated the response: local activists helped deliver essential aid to isolated rural areas.

Engaging local activists and associations has been key in the response to the conflict in Cabo Delgado. Since 2017, the conflict in the northern region of the country has affected more than 2 million people, impairing access to healthcare for over 165,000 people living with HIV. Today, more than 20,000 clients receiving ART no longer have access to health centres. As a consequence, the number of people testing for HIV, the number of clients receiving ART and the number of children receiving counselling have dropped significantly; this is especially the case among displaced people and in the area directly affected by the conflict.

Again, involvement of local activists and associations was a game changer. Interventions to foster adherence to treatment were implemented through phone calls and home visits to defaulters. Cooperation among provinces helped track displaced clients receiving ART, and involving military forces was decisive in the distribution of supplies. In addition, logistical support was needed on multiple levels: to ensure stock of medicine and psychosocial support; to ferry medicines and samples to laboratories; and to allocate technicians where data collection systems were available.

Through the response to these disasters, it became clear that healthcare can still be provided in emergency settings as long as interventions are tailored to the needs of local communities. In addition, engaging local communities is paramount to strengthen the system and build the resilience that is necessary to face future challenges.



Session 4 - HIV activism and resilience: lessons learned from disasters and outbreaks

Moderator and speakers in Session 4, HIV activism and resilience, 22 September 2021

The way forward

1. Integration of health services

The urgency to integrate HIV prevention, family planning, sexual and reproductive health and mental health services in both health facilities and community settings was a major theme across most presentations. Both HIV and mental health are highly stigmatized in Mozambique, where socio-behavioural factors largely determine health habits. The integration of mental health and HIV services is particularly important for achieving the UNAIDS 95-95-95 goals. The development of a package of integrated services would allow for the implementation of a series of interventions for a specific target population. This could contribute to reducing stigma, removing taboos and fostering access to health facilities.

2. Community-centred approach

Services for young people, particularly, must be provided in health facilities and also within civil society. This would necessitate additional training of health workers, as well as educational programmes among community leaders and representatives of civil society. Programmes should be tailored to the end-user, be delivered by well-trained community peers, and engage the whole of society (including men) to break taboos and stigma. The integration of community-led interventions would also enhance collaboration between civil society and government institutions, resulting in more rapid outcomes.

3. Health system strengthening

A more efficient and resilient healthcare system is crucial in a context of limited resources. Services could be delivered faster if there was less waiting time for clients, and more clients could use them. Interventions to strengthen health systems in this way require support for the well-being of health workers and better management of the supply chain to avoid stock-outs. To foster knowledge acquired during training sessions, exercises should be performed regularly to assess skills and identify gaps.

4. Public health surveillance

A systematic collection, analysis and interpretation of health data is essential for the planning, implementation and evaluation of public health practice. In contexts of emergencies and limited resources, data collection can be challenging. The development of a national data collection system accessible by health workers, researchers and civil society would therefore be helpful. Data from medical registers can be used to monitor disease trends and clients' adherence to treatment, as well as to evaluate disease control strategies and set priorities for future interventions. A secure database system, along with data management and quality control procedures, should also be established. Systems and procedures should be developed to protect data integrity and prevent data loss in case of natural disasters, digital virus attacks, theft and other threats. Health workers, public health authorities, local and national governments and policy makers would benefit from a surveillance system that provides the basis for development of interventions to decrease the risk of complications or restrain the spread of communicable disease. Once developed, the effectiveness of interventions implemented in the population can be assessed by continued disease surveillance and monitoring.

5. Future scenarios

A future-oriented healthcare system should aim at delivering health services virtually. Teleconsultations and telepsychiatry would allow the offering of support to adolescents in need of mental health screening and treatment without the fear of stigma. In addition, people unable to reach health centres would benefit from the service, particularly in a context of extreme emergency.

Summary of key recommendations:

- ✓ Integrate mental health in services for people living with HIV; develop a package of integrated services.
- ✓ Invest in peer-to-peer training for young people living with HIV and women on sexual and reproductive health.
- ✓ Run educational programmes among community leaders and representatives of civil society.
- ✓ Better manage supply chains to avoid stock-outs.
- ✓ Support the well-being of health workers.
- ✓ Conduct exercises to assess skills and identify training gaps.
- ✓ Develop a national data collection system, with data management and quality control procedures.

Testimonials

"I learned about new HIV discoveries globally and in my region, and I also realized how important activism has been in contributing to the fight against HIV."

Community health worker at an NGO

"This symposium taught me strategies on how to improve HIV policy and programmes regarding implementation science."

Healthcare worker at an NGO

"Thank you very much for the sharing of life witnesses and peer experiences during all sessions – we really appreciate it!"

Clinical director at an NGO

"The organization of the sessions was very good, which allowed me to have a wonderful understanding."

Community health worker at an NGO